(	Connectic	ut Departme	ent of	Public	Health Γ	)rin	king V	Water	. 56	ection		
		ter Quality N					0			CCIOII		
PWS ID	PWS Name	ter Quarity i	vioiiit	oring ar						ner Tyne P	rimary Sourc	
	I. C. C. SWIM &	TENNIS CLUB				N		25	011	P	GW	
Local Address (wh				Service	Residentia		mmercial		ial	Combined	_	
4 DUNCASTER RO				Connection			1				7.8	
Towns Served: BL												
		1	Monite	oring Rec	quirement	S						
Water System F	acility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)								
<b>Total Coliform</b>	(3100)							1	l ro	utine (RT)	per quarte	
Sampling Po	oint (Sampling P	Point ID)			Monitoring	Perio	od Coll	Collection Period Compliance Sta				
Select from I	Inventory of Act	ive Sampling Points			4/1/19 - 6/	30/19	9					
					7/1/19 - 9/	30/19	9					
<b>Physical Param</b>	eters (PPS)							1	l rou	utine (RT)	per quarte	
Sampling Po	oint (Sampling P	Point ID)			Monitoring	Perio	od Coll	lection Pe	riod	Compl	iance Status	
Select from I	Inventory of Act	ive Sampling Points			4/1/19 - 6/	30/19	9					
					7/1/19 - 9/	30/19	9					
Water System F	acility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nit	trite (NOX)								1	routine (F	RT) per yea	
Sampling Po	oint (Sampling P	Point ID)			Monitoring	Perio	od Coll	lection Pe	riod	Compl	iance Status	
ENTRY POIN	T (3)				1/1/18 - 12	/31/1	.8			Co	mplete	
					1/1/19 - 12	/31/1	.9					
					1/1/20 - 12	/31/2	.0					
		Ot	ther C	ompliand	e Schedu	les						
Compliance Sche	dule Activity				Du	e Dat	е	Achie	eved	Date		
RESPOND TO SAN	IITARY SURVEY				6/2	1/201	15					
SEASONAL START	UP COMPLETIO	N			5/1	/201	9					
		<b>Water System</b>	n Facili	ity and Sa	ampling P	oint	Inven	tory				
Water							Tota	al Lead	and	1		
,	System Facility	Samplii	ng Point	Sampling P			Colifo	rm Cop	per		Stage	
Facility ID			D	Description		Sta	tus Rul	e Rule	Tier	Asbestos	WQP 2 DBF	
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM	Α	, Y					
		DOWN	STREAM	WITHIN 5 S	ERVICE CON	Α	١					
		UPST	REAM	WITHIN 5 S	ERVICE CON	А	<u> </u>					
00700 ENTRY	POINT		3	ENTRY POIN	NT	А	1					
20218 WELL			2	WELL		А	1					
			Con	tact Info	rmation							
Name			0	rganization						Job Title		
Ghjcc Swim & Ra	cquet Club LLC											
Mailing Address L	ine One	Mailing	Addres	s Line Two				City		State	Zip Code	
4 Duncaster Rd							Bristol			СТ	06011	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Ad	dress				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Contact Role(s): Legal Contact, Owner

Schedule Generation Date: 4/11/2019 Page 1

Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qua	lity Monite	oring an	d Con	nplia	nce S	chedul	le		
PWS ID	PWS Name Classification Population Owner Type Primary So									Primary Source	
CT0110064	J. C. C. SWIM & TENNIS CLUB NC 25 P GW										
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural	
4 DUNCASTER RC	AD			Connections			1				
Towns Served: BI	.OOMFIELD					,					
Name			Or	ganization					Job Titl	e	
Ms. Sara Billings			Ma	andell Jcc Swi	m & Tenr	nis Club		Asst Direc	ctor		
Mailing Address I	ine One		Mailing Address	Line Two		City		State	Zip Code		
335 Bllomfield Av					West Hartford		СТ	06117			
Business Phone Extension Fax Mob				e Phone Emergency Pho		y Phone	Email Address				
860-243-0794	860-987-9924 860-810-5249 rdionne@mandelljcc.org										
Contact Role(s):	Administrative	Contact									

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019 Page 2

	C	nn o ati-	ut Danastas	nt a	D. lali -	Hoolds F	)!	leies = 1	( A 7 _ 4	- Ora C	atio	
	CC		ut Departme								ection	
		Wat	ter Quality M	onit	oring a	nd Comp	oliai	nce So	chec	dule		
PWS ID	PW	'S Name				С	lassific	cation P	opula	tion Owi	ner Type P	rimary Source
CT011011	.4 PEI	NWOOD STAT	E PARK/MAIN PARK	WELL			NO		700		S	GW
Local Add	ress (wher	e applicable)			Service	Residentia	I Cor	mmercial	Indi	ustrial	Combined	l Agricultural
57 GUN M	IILL ROAD				Connectio	ns 4						
Towns Ser	rved: BLO	OMFIELD										
			N	lonit	oring Re	quirement	ts					
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)							
	liform (3	•								1 rou		per quarter
Sam	pling Point	t (Sampling Po	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Compl	iance Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/1/18 - 12					Co	omplete
						4/1/19 - 6,	/30/19	9				
						7/1/19 - 9,	/30/19	9				
•		ers (PPS)								1 rou	itine (RT)	per quarter
_		t (Sampling Po				Monitoring	Perio	d Col	lectio	n Period	Compl	iance Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/1/18 - 12					Co	omplete
						4/1/19 - 6,	/30/19	9				
						7/1/19 - 9,	/30/19	9				
Water Sy	stem Fac	ility: ENTR	Y POINT (WSF ID: 0	0700)								
Nitrate A	And Nitri	te (NOX)								1	routine (F	RT) per year
Samj	pling Poin	t (Sampling P	oint ID)		Monitoring Period				Collection Period Compliance Status			
ENTF	RY POINT (	3)				1/1/18 - 12	/31/1	8			Cd	omplete
						1/1/19 - 12	/31/1	9				
						1/1/20 - 12	/31/2	0				
			Otl	ner C	omplian	ce Schedu	les					
Complian	ce Schedu	le Activity				Du	e Dat	е	A	chieved	Date	
SEASONA	L START UI	COMPLETIO	N				1/201					
CROSS CO	NNECTION	I SURVEY REP	ORT			3/:	1/202	1				
			Water System	Facili	ty and S	ampling P	oint	Inven	tory	,		
Water								Tota	al L	ead and		
System	_	stem Facility			Sampling I			Colifo		Copper		Stage
Facility ID	)		ID	)	Description		Stat			Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM				ION SYSTEM	Α	. Y				
			DOWNS	ΓREAM	WITHIN 5	SERVICE CON	Α					
			UPSTR	EAM	WITHIN 5	SERVICE CON	Α					
00700	ENTRY PO	DINT	3		ENTRY POI	NT	Α	ı				
20223	WELL		2		WELL		Α	ı				
				Con	tact Info	rmation						
Name				Oı	rganization						Job Title	
Mr. David	Cooley			De	eep-Enginee	ering Unit			Supv	Civil Engi	ineer	
Mailing A	ddress Line	e One	Mailing	Address	s Line Two				City		State	Zip Code
163 Great	Hill Road	,						Portland			СТ	06480
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency P	none	Email Ad	dress			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

860-205-7552

860-424-3333

david.cooley@ct.gov

860-344-2560

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-342-2215

Schedule Generation Date: 4/11/2019 Page 3

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u>Carana</u>	- 0					4
PWS ID	PWS Name	Classification	Classification Population		Primary Source		
CT0110114	PENWOOD STATE PARK/MAIN PARK WELL		NC	700	S	GW	
Local Address (v	Service	Resider	ntial Commerc	al Industri	al Combine	ed Agricultural	
57 GUN MILL RO	Connections	4					

Towns Served: BLOOMFIELD

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End of schedule

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